

Four Health Education Evaluation Studies

Health education programs are more likely to be effective when objective measures are applied as the program is being developed in order to identify likely barriers to success. By discovering such barriers during the early stages of program development, necessary improvements can be made quickly and at minimum cost. These findings are reported in Public Health Monograph No. 8, "Pretesting and Evaluating Health Education."

The studies reported are: "Application of Pretesting in Health Education," by Andie L. Knutson, Ph.D.; "Pretesting a Nutrition Filmstrip," by Benjamin Shimberg, Ph.D.; "Evaluating a Nutrition Education Program," by Benjamin Shimberg, Ph.D., and Jane S. Harris, M.S.; and "Note on Exhibits as a Health Education Medium," by Mayhew Derryberry, Ph.D.

Approach to Pretesting

A systematic approach to pretesting is suggested by calling attention to several conditions necessary for effectiveness which must be satisfied. While satisfaction of these conditions will increase the likelihood of program success, it does not guarantee program success.

A distinction is drawn by Knutson between critical review of the planning process, evaluation studies of program effectiveness, and objective pretests to identify possible barriers to success. A variety of practical approaches are suggested for anyone who wishes to carry out pretests of educational programs or materials.

Nutrition Filmstrip

An application of the principles and methods of pretesting is illustrated in the development of an informational filmstrip about nonfat dry milk. Shimberg emphasizes the techniques and



Public Health MONOGRAPH 8

The accompanying summary covers the principal findings presented in Public Health Monograph No. 8, published concurrently with this issue of *Public Health Reports*. The authors are members of the staff of the Division of Public Health Education, Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and the major universities, and in selected public libraries.

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Knutson, Andie L., Shimberg, Benjamin, Harris, Jane S., and Derryberry, Mayhew: Pretesting and evaluating health education. Public Health Monograph No. 8 (Public Health Service Publication No. 212). U. S. Government Printing Office, Washington, 1952. Price 20 cents.

methodology selected to meet the specific problems posed by this filmstrip.

The behavioral pattern depicted in the film was checked to see whether it conformed with the pattern of living of the intended audience.

Tests to reduce reading difficulty and increase human interest were utilized. Personal interviews of a sample of the intended audience revealed where misunderstandings of the text and illustrations could be eliminated. A test copy of the final filmstrip determined its effectiveness in imparting information about nonfat dry milk to women attending a clinic.

Nutrition Education Program

Evaluation of a health education program in terms of behavior is described in a third paper by Shimberg and Harris. A follow-up study of an educational program about nonfat dry milk was carried out 2 months after the program was presented in a well-baby clinic. Answers to the following questions were obtained: Was the family milk consumption increased? Did the people begin using nonfat dry milk after this program? Did women acquire the information which the program attempted to teach? What attitudes did they have toward nonfat dry milk after the program?

Exhibits

A fourth paper by Derryberry considers these questions: How long will people look at a health exhibit? How much material can be included in an exhibit with some assurance that it will be read?

During the New York World's Fair, trained observers recorded the number of seconds visitors actually spent looking at each exhibit in the Hall of Medicine. Other observers read all the legends of each exhibit and recorded the length of time required to read them. Comparison of these two time-records revealed that as the length of time to read an exhibit increased, the relative amount of time spent on an exhibit decreased.

The findings suggest to exhibitors the need to limit the information they try to cover in an exhibit, if they expect the audience to read the message.

The first two papers in the series, which is continued in the monograph, were published in *Public Health Reports* last year, one in January and one in July.

Sources of Morbidity Statistics

Where do morbidity data come from? What are the gaps?—and what steps should be taken to fill them?

The Third Report of the WHO Expert Committee on Health Statistics presents, among other things, a panoramic review of morbidity statistics sources. Some 24 sources of morbidity data are classified by uses—disease control, program planning, research, etc.; by coverage in terms of population—whether all persons are included, a representative sample, or various types of non-representative samples; by the degree of coverage—whether all or only selected sicknesses are included, and whether disease is reported at a point in time or for a period of time; and by the type of country in which each source is applicable.

The committee recommended study of the sickness survey method as a means of obtaining morbidity data for the general population for health needs. It called for intensive study of means to determine the extent of illness in the general population from data covering selected or specialized populations. Each of the sources of such data—for example, hospital records—is a potential reservoir of public health statistics. The problem is to utilize existing data to obtain a picture of illness in the general population.

The committee made a series of recommendations—covering studies of methods for obtaining data, morbidity terms to be defined, methods of classifying and presenting morbidity data, computing morbidity rates, etc.—to serve as guideposts

for future study and possible action. One of its major recommendations was that “national agencies responsible for health or health statistics establish groups of experts in sampling theory, in the operation of field surveys, and in the analysis of morbidity data within their organization which can utilize survey methods in the investigation of the varied health problems with which such agencies are confronted and make the services of these experts available for consultation throughout the nation and for international purposes.”

Copies of the report may be obtained on request to the National Office of Vital Statistics, Public Health Service, Federal Security Agency, Washington 25, D. C.